B 10 (Official Form 10) (12/07)			
UNITED STATES BANKRUPTCY COURT Eastern District of Pennsylvania		PROOF OF CLAIM	
Name of Debtor: Robert Kocsis	Case Number: 06-15790-dws		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): SN Servicing Corporation agent for Security National Funding Trust Name and address where notices should be sent: SN Servicing Corporation 323 Fifth Street, Eureka CA 95501	Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: 3  (If known)		
Telephone number: (800) 603-0836	Filed on: 01/16/2007		
Name and address where payment should be sent (if different from above):  SN Servicing Corporation Dept 1710, Denver CO 80291-1710  Telephone number:	C Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  C Check this box if you are the debtor		
(800) 603-0836	or trustee in this case.		
1. Amount of Claim as of Date Case Filed:  S 163,042.39  If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.	5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the		
If all or part of your claim is entitled to priority, complete item 5.	amount.		
√Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		oriority of the claim.  support obligations under	
2. Basis for Claim: Money Loaned		\$507(a)(1)(A) or (a)(1)(B).	
(See instruction #2 on reverse side.)  3. Last four digits of any number by which creditor identifies debtor: 8060  3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)  4. Secured Claim (See instruction #4 on reverse side.)  Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested	C Wages, salaries, or commissions (up to \$10,950°) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).		
information.  Nature of property or right of setoff: ② Real Estate ② Motor Vehicle ② Other		ions to an employee benefit U.S.C. §507 (a)(5).	
Describe:  Value of Property:\$ Annual Interest Rate	<ul> <li>□ Up to \$2,425° of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).</li> <li>□ Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).</li> <li>□ Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().</li> <li>Amount entitled to priority:</li> <li>\$</li></ul>		
if any: \$ 92,343.00 Basis for perfection:  Amount of Secured Claim: \$ 163,042.39 Amount Unsecured: \$			
<ol> <li>6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.</li> <li>7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)</li> </ol>			
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:			
Date: 06/12/2008 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the cother person authorized to file this claim and state address and telephone number if different from address above. Attach copy of power of attorney, if any.	reditor or the notice	FOR COURT USE ONLY	

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## ATTACHMENT TO PROOF OF CLAIM CHRISTIANA BANK AS TRUSTEE OF THE SECURITY NATIONAL FUNDING TRUST

## IN THE CASE OF ROBERT KOCSIS CASE # 06-15790-DWS

PRINCIPAL BALANCE	97753.23
INTEREST TO 12/01/06	21872.29
DEFAULTED FOREBEARANCE INTEREST 04/00 - 04/02	16629.56
LATE FEES	1588.70
PRIOR SERVICER: CORPORATE ADVANCE	2493.00
ESCROW	8050.22
TAXES 2002 – 2003 TOWNSHIP/SCHOOL	5711.66
FORECLOSURE FEES & COSTS	7900.25
BANKRUPTCY FEES & COSTS 04-36397	1350.00
LESS: SUSPENSE	( <u>306.52)</u>
TOTAL DUE	163042.39
PRE PETITION ARREARS	
03/03 - 10/03 8 MTHS. @ \$ 781.61	6252.88
11/03 – 10/04 12 MTHS. @ \$ 734.70	8816.40
11/04 - 10/05 12 MTHS. @ \$ 716.01	8592.12
11/05 - 10/06 12 MTHS. @ \$ 733.72	8804.64
11/06 – 12/06 2 MTHS. @ \$ 767.81	1535.62
DEFAULTED FOREBEARANCE INTEREST 04/00 - 04/02	16629.56
LATE FEES	1588.70
PRIOR SERVICER: CORPORATE ADVANCE	2493.00
ESCROW	8050.22
TAXES 2002 – 2003 TOWNSHIP/SCHOOL	5711.66
FORECLOSURE FEES & COSTS	7900.25
BANKRUPTCY FEES & COSTS 04-36397	<u>1350.00</u>
TOTAL PRE PETITION	77725.05
PLUS FUTURE INTEREST 60 MTHS@ 7 % (CURRENT RATE)	<u> 14617.95</u>
	02242.00
TOTAL CLAIM	92343.00

\*NOTE: THE LOAN DOCUMENTS ATTACHED HERETO PRE-DATE 10/22/94, THE EFFECTIVE DATE OF THE BANKRUPTCY REFORM ACT OF 1994

CONTINUING MONTHLY PAYMENT BEGINNING 01/01/07 @ \$ 789.62

Acct # B 138060

**Address for Payments:** 

**Address for Notices:** 

**SN Funding Trust Dept 1710** Denver CO 80291-1710 **SN Servicing Corporation** 323 5<sup>Tb</sup> Street Eureka, CA 95501